

COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE ANNUAL REPORT

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RECORD # 0545660

DUE JUNE 30, 2004

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| I) EXACT CORF | | | |
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| LOGICHOME, INC. 628 CARDIFF LANE | F LANE | RECEIVED JUL 1 4 2004 | (5) STATE OR COUNTRY OF INCORPORATION |
| LEXINGTON | N, KY 40503 | JUL 1 4 2004 | KY |
| | | SECRETARY OF STATE COMMONWEALTH OF KY | |
|) THE PRINCIPAL OFF | ICE ADDRESS IS HEREBY CHANGE | | (6) DATE OF INCORPORATION OR DATE AUTHORIZED TO TRANSACT BUSINESS |
| | | | 10/03/2002 |
| Changes made to the i | RED AGENT AND REGISTERED OFF registered agent or registered office ca st a form to be mailed or download form | nnot be made on this form. | ATEMENT OF CHANGE OF AGENT OR OFFICE TO |
| MICHAEL S | : WII SON | | · |
| 628 CARDIF | | · | |
| LEXINGTON | | | |
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| give the address for ea | RS If the corporation has previously filed | d an annual report, verify the names & titles of officers listed r print the names & business addresses of the current princi | below. Please note any additions to or changes in the principal officers and pal officers. If sole offier, please note. |
| give the address for ear | RS If the corporation has previously filed ach person listed. If (8) is blank, type o | an annual report, verify the names & titles of officers listed r print the names & business addresses of the current princi | below. Please note any additions to or changes in the principal officers and pal officers. If sole offier, please note. |
| give the address for ear Freasurer President | RS If the corporation has previously filed ach person listed. If (8) is blank, type o Michael S Wilson | r print the names & business addresses of the current princi | below. Please note any additions to or changes in the principal officers and pal officers. If sole offier, please note. |
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| e) PRINCIPAL OFFICER give the address for ea Treasurer President Secretary | RS If the corporation has previously filed ach person listed. If (8) is blank, type o Michael S Wilson Michael S Wilson | Address Address Address | below. Please note any additions to or changes in the principal officers and pal officers. If sole offier, please note. |
| give the address for ear Treasurer President Secretary DIRECTORS Type of | RS If the corporation has previously filed ach person listed. If (8) is blank, type o Michael S Wilson Michael S Wilson Michael S Wilson | Address Address Address Address Address Address | below. Please note any additions to or changes in the principal officers and pal officers. If sole offier, please note. erification that the corporation has dispensed with directors. Nonprofit |
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I VERIFY THAT THE INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.